# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSUR	ANCE COMPANY USE		
A1. Building Owner's Name					Policy Numb	per:		
Sergey Kukin & Ta								
A2. Building Stree	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:					AIC Number:		
1718 Larson Stree	t							
City	State ZIP Code							
Englewood	win4: n /l n4 n	n d Dia ak Ni mah aya Ti	Davas	Florida	wal Dagawintia	t- \	34223	
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Lot 12, Block 22, Manasota Gardens PID#0475090006							
A4. Building Use (	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longi	tude: Lat. 2	7-00-55.9	Long8	32-24-15.9	Horiz	ontal Datu	ım: 🔲 NAD 1	927 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ເ	used to obtain	flood insu	ırance.	
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foo	tage of crawl	lspace or enclosure(s)			N/A sq ft			
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosur	e(s) within 1.0	foot abov	e adjacent gra	ade N/A
c) Total net ar	ea of flood o <sub>l</sub>	penings in A8.b		N/A sq ir	1			
d) Engineered	l flood openir	ngs? ☐ Yes ☒ N	No					
A9. For a building v	A9. For a building with an attached garage:							
a) Square footage of attached garage 756.00 sq ft								
b) Number of	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net ar	c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered flood openings?								
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Community Number B2. County Name B3. State								
Sarasota County	125144			Sarasota				Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)		Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12115C 0344 F 11-04-2016 Revised Date 11-04-2016 AE 10'								
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes   No								
Designation Date: CBRS OPA								

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			•				
IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and 1718 Larson Street	Policy Number:						
,			Company NAIC Number				
Englewood	Florida 342	23					
SECTION C – BUILDING	ELEVATION INFORMA	TION (SURVEY R	EQUIRED)				
C1. Building elevations are based on: Constrution Cartificate will be required who	· —	ding Under Constru ing is complete.	uction*				
Complete Items C2.a-h below according to the	C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.						
Benchmark Utilized: NGS BM SAR 24, PID AG	7846 Vertical Datum	NAVD 88					
Indicate elevation datum used for the elevations	in items a) through h) belo	W.					
☐ NGVD 1929  ☐ NAVD 1988 ☐ Oth							
Datum used for building elevations must be the	same as that used for the I	BFE.	Check the measurement used.				
a) Top of bottom floor (including basement, cra	wlenace or enclosure floor	1	12.6 🔀 feet 🦳 meters				
	wispace, or cholosure hoor	/	N/A ☐ feet ☐ meters				
b) Top of the next higher floor							
c) Bottom of the lowest horizontal structural me	mber (V Zones only)		N/A feet meters				
d) Attached garage (top of slab)			12.1 X feet  meters				
e) Lowest elevation of machinery or equipment     (Describe type of equipment and location in			N/A feet meters				
f) Lowest adjacent (finished) grade next to buil	ding (LAG)		11.5 X feet  meters				
g) Highest adjacent (finished) grade next to bui	lding (HAG)		12.1 X feet  meters				
<ul> <li>h) Lowest adjacent grade at lowest elevation of structural support</li> </ul>	f deck or stairs, including		N/A  feet  meters				
SECTION D - SURVEY	OR, ENGINEER, OR AR	CHITECT CERTIF	ICATION				
This certification is to be signed and sealed by a land I certify that the information on this Certificate repres statement may be punishable by fine or imprisonment	ents my best efforts to inte	rpret the data availa	y law to certify elevation information. able. I understand that any false				
Were latitude and longitude in Section A provided by	· ·		☐ Check here if attachments.				
Certifier's Name	License Number						
Derek S. Miller	LS 6341		A Commence of the Commence of				
Title Professional Surveyor & Mapper			2 ERTIFICA				
Company Name Miller Surveying, Inc.			No. 6341				
Address 21053 Peachland Blvd.			TORIDA TORIDA TORIOR SURVEYOR				
City Port Charlotte	State Florida	ZIP Code 33954	SURVE				
Signature	Date 07-12-2023	Telephone (941) 743-8423	Ext.				
Copy all pages of this Elevation Certificate and all attac	hments for (1) community o	fficial, (2) insurance	agent/company, and (3) building owner.				
Comments (including type of equipment and location The air conditioner unit is not set.  I have selected the diagram that in my opinion most of this certificate to inspect the property and concur of selection. The GPS Coordinates produced by a hand #210918UC	closely resembles the build or give notice to the prepare						

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Building Street Address (including Apt., Unit, Suite, a	Policy Number:					
1718 Larson Street	0.1	710.0				
City Englewood	State Florida	ZIP Code 34223	Company NAIC Number			
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)						
FOR ZOI	NE AO AND ZONE A	(WITHOUT BFE)	,			
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.						
<ul><li>E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).</li><li>a) Top of bottom floor (including basement,</li></ul>						
crawlspace, or enclosure) is		feet	rs 🔲 above or 🔲 below the HAG.			
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>			rs			
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in	Section A Items 8 and/or				
E3. Attached garage (top of slab) is						
E4. Top of platform of machinery and/or equipment servicing the building is						
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes		ottom floor elevated in ac				
SECTION F - PROPERTY OV	WNER (OR OWNER'S	REPRESENTATIVE) CI	ERTIFICATION			
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes Se The statements in Sec	ections A, B, and E for Zo tions A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative	e's Name					
Address	City	St	ate ZIP Code			
Signature	Date	Te	lephone			
Comments						
			Check here if attachments.			

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St. 1718 Larson Street	Policy Number:						
City Englewood	State Florida	ZIP Code 34223		Company NAIC Number			
SECTIO	N G – COMMUNIT	Y INFORMATION (OPTIO	NAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Section or Zone AO.	on E for a building l	located in Zone A (without a	a FEM <i>A</i>	a-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided fo	r community floodplain mai	nageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	] New Construction	□ Substantial Improveme	ent				
G8. Elevation of as-built lowest floor (including of the building:	ı basement) —	[	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he building site: _		feet	meters Datum			
G10. Community's design flood elevation:	_	[	feet	meters Datum			
Local Official's Name Title							
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and location, per C2(e), if applicable)							
				☐ Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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Building Street Address (including 1718 Larson Street	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Englewood	Florida	34223	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front and Left Side View Clear Photo One



Photo Two

Photo Two Caption Rear and Left Side View Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

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**ELEVATION CERTIFICATE Continuation Page** Expiration Date: November 30, 2022

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 1718 Larson Street	Policy Number:		
City Englewood	State Florida	ZIP Code 34223	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

**Photo Three Caption** Rear and Right Side View Clear Photo Three



Photo Four

**Photo Four Caption** Front and Right Side View Clear Photo Four